

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b>	<b>50557-8</b>
		<b>First Inventor</b>	<b>Maye</b>
		<b>Title</b>	<b>HOP ACIDS AS AN ANTIMICROBIAL</b>
		<b>Express Mail Label No.</b>	<b>EL852689494US</b>

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b>	<b>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450</b>
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>
3. <input checked="" type="checkbox"/> Specification <small>[Total Pages _____]</small> <small>(preferred arrangement set forth below)</small>	a. <input type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the Invention	b. <input type="checkbox"/> Specification Sequence Listing on:
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings <small>(if filed)</small>	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total Sheets 8]</small>	
5. Oath or Declaration <small>[Total Sheets ]</small>	
a. <input type="checkbox"/> Newly executed (original or copy)	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>	11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small>
e. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	13. <input type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>Should be specifically itemized</small>
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other: _____

18. If a CONTINUING APPLICATION OR APPLICATION CLAIMING FOREIGN PRIORITY, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  
 Continuation     Divisional     Continuation-in-part (CIP)     Claims priority from \_\_\_\_\_ application

Prior application information    Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_  
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number:	22504	or <input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type)	Bruce A. Kaser	Registration No. (Attorney/Agent)	31,531
Signature	September 19, 2003		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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PTO/SB/17 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

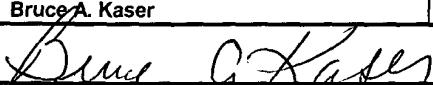
 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 375

Complete if Known	
Application Number	
Filing Date	September 19, 2003
First Named Inventor	Maye
Examiner Name	
Art Unit	
Attorney Docket No.	50557-8

METHOD OF PAYMENT (check all that apply)				
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:				
Deposit Account Number	04-0258			
Deposit Account Name	Davis Wright Tremaine LLP			
The Commissioner is authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any deficiencies to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1001	750	2001	375	Utility filing fee
1002	330	2002	165	Design filing fee
1003	520	2003	260	Plant filing fee
1004	750	2004	375	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)			(\$375)	
2. EXTRA CLAIM FEES				
Total Claims	3	- 20** =	<input type="text"/>	Fee from below
Independent Claims	1	- 3** =	<input type="text"/>	Fee Paid
Multiple Dependent			<input type="text"/>	=
3. ADDITIONAL FEES				
Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)			(\$0)	
*Reduced by Basic Filing Fee Paid				
SUBTOTAL (3)				(\$0)
Other fee (specify) _____				

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)		
Name (Print Type)	Bruce A. Kaser	Registration No. (Attorney/Agent)	31,531	Telephone 206-628-7653
Signature		Date	September 19, 2003	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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